## **Amendment Transmittal Letter**

**Docket Number** 

LASP:131US

Address To Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Title of Invention											
OPTICAL DEVICE AN LIGHT BEAMS OF VA		OMPRISING AN OPTICAL		R THE COI	LLINEAR COMBINATION OF						
First Named Inventor	Volker Seyfried										
Application No.	10/567,679										
Filing Date	October 18, 2006										
Examiner	Ricky D. Shafer										
Art Unit	2872										
Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.  Applicant claims Small Entity Status. See 37 CFR 1.27.											
Fee Calculation  Claims as Amended											
For	#Filed	#Previously Paid For	#Extra	Rate	Fee						
Total Claims	23	- 23 =		× 52 =							
Total Indep. Claims	2	- 3 =		× 220 =							
	M	ultiple Dependent Claims (c	heck if applica	ible)	7						
				TOTAL	\$0						
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·								
Method of Payment											
☐ Deposit Account ☐ Credit Card ☐ Check ☐ Money Order ☒ Other: online credit card											
Deposit Account Num	ber 50-0822										
Charge the fee(s) Charge any addit Charge fee(s) ind Credit any overpa WARNING: Inform	set forth above ional fee(s) or under icated above, excepayments ation on this forr		7 CFR 1.16 ar	d 1.17 nformatio	on should not be included						
			Amour	nt Grand To	otal \$0						

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Docket Number

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Correspondence Address											
Customer Number 24041											
			-OR-								
Name											
Address							•				
City				State							
Country	Postal Code										
Phone Number											
E-mail Address											
Certificate of Mailing by Express Mail  I hereby certify that this Amendment, accompanying documents, and fee (if appropriate) are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:  (Date of Mailing)  (Typed or Printed Name of Person Mailing Correspondence)		Certificate of Mailing by First Class Mail  I hereby certify that this Amendment, accompanying documents, and appropriate) are being deposited with the United States Postal Serv sufficient postage as first class mail in an envelope addressed to Comm for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the indicated below:  (Date of Mailing) (Name of Person Mailing Correspondence)  Certificate of Transmission  I hereby certify that this Amendment, accompanying documents, and appropriate) authorization are being facsimile transmitted to the United Patent and Trademark Office on the date indicated below:					ocuments, and fee (if s Postal Service with ssed to Commissioner 13-1450 on the date				
("Express Mail" Mailing Label Number)			(Date of Transmission) (Name of Person Transmitting Correspondence)								
(Signature of Person Transmitting Correspondence)											
Select the name of the person who will electronically sign the Amendment from the drop-down box below.  If a practitioner is not present in the drop-down list, you must close this form and select 'Add Practitioner' in the Form Manager's Utility menu.  Verify that the signatory information is correct and press the 'eSign' button to electronically sign the submission. If you prefer to sign the form manually, simply do not click the 'eSign' button; just print and manually sign.											
Signatory Drop-Down Box Atkinson, Robert C.											
Name	Robert C. Atkinson				Registration Number 57,584						
Signatory Capacity	Attorney for Applicant(s)	Applicant(s) E-ma									
eSign	/Robert C. Atkinson/					Date Signed	05/22/2009				